

# Vulnerabilities of Children During Disasters

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# What is Mental Health?

How a child thinks, feels, and acts when faced with life's situations.

- *Mental health* is how children look at themselves, their lives, and the other people in their lives; evaluate their challenges and problems; and explore choices
- This includes handling stress, relating to other people, and making decisions.



# **Good Mental Health Allows Children to:**

1. Think clearly
2. Develop socially
3. Learn new skills
4. Build self-esteem
5. Develop a positive mental outlook



# Mental Health Problems are Real

- They affect the child's thoughts, body, feelings, and behavior.
- They are not just a passing phase.
- They can be severe, seriously interfere with a child's life, and even cause a child to become disabled.





# Children are more Vulnerable

- Diminished capacity to
  - Anticipate
  - Cope with
  - Resist
  - Recover
- Dependence on others
- Developmental Stage



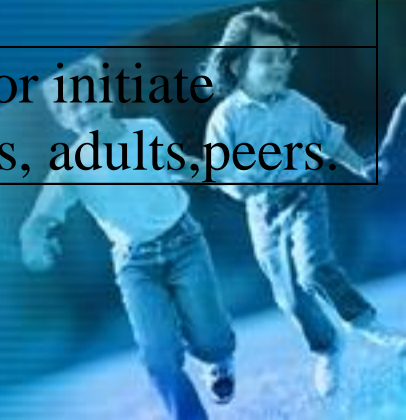
Age	Birth to 6 months	6 to 24 months	18 months – 3 years
Needs	<ul style="list-style-type: none"> <li>▪Unconditional positive acceptance;</li> <li>▪Holding, talking to, responsive to cries</li> <li>▪Rhythms for a sense of security</li> </ul>	<ul style="list-style-type: none"> <li>▪Exploring self &amp; environment</li> <li>▪Discovery of relationships</li> </ul>	<ul style="list-style-type: none"> <li>▪Learning use of own thinking</li> <li>▪Developing independence from parents</li> <li>▪Make decisions, think &amp; experience separateness without loss of parents' love</li> </ul>
Tasks	<ul style="list-style-type: none"> <li>▪Learn to trust</li> <li>▪Survival</li> <li>▪Attachment</li> </ul>	<ul style="list-style-type: none"> <li>▪Trust vs mistrust of the external world</li> <li>▪Fitting previous experiences with present ones</li> <li>▪Coordination of body, concepts</li> </ul>	<ul style="list-style-type: none"> <li>▪Speech</li> <li>▪Handling emotions</li> <li>▪ Using information</li> <li>▪Cause &amp; Effect thinking</li> <li>▪Beginning self-control</li> <li>▪Choice to respond to or refuse limits</li> </ul>
Discipline	NONE	Remove child from situation	<ul style="list-style-type: none"> <li>▪Give choices and alternatives</li> <li>▪Show caring</li> <li>▪Be positive</li> </ul>
Problem Behaviors	Crying, irritability, infection, lethargy, over-reactive	Over-activity; shyness, withdrawal, fearfulness, crying <ul style="list-style-type: none"> <li>▪Over dependent</li> <li>▪Ambivalence</li> </ul>	<ul style="list-style-type: none"> <li>▪Going out of control</li> <li>▪Negative behaviors</li> <li>▪Possessiveness</li> <li>▪Stormy rebellion</li> </ul>



Age	3 to 6 years	6 to 12 years	12 to 18 years
<b>Needs</b>	<ul style="list-style-type: none"> <li>▪Trust internal initiative without guilt</li> <li>▪Learn through fantasy &amp; imitation</li> <li>▪Positive reinforcement</li> <li>▪Problem solving</li> </ul>	<ul style="list-style-type: none"> <li>▪Doing things in order to see how they work</li> <li>▪Independence</li> <li>▪Practice in thinking &amp; doing</li> <li>▪Identification with own sex</li> </ul>	<ul style="list-style-type: none"> <li>▪Know &amp; care for self in positive ways</li> <li>▪Become autonomous with protection of family</li> <li>▪Integrate sexuality with feeling, thinking &amp; doing in healthy ways</li> <li>▪Clear identity</li> </ul>
<b>Tasks</b>	<ul style="list-style-type: none"> <li>▪Information about environment</li> <li>▪Build bridges between sensory experiences &amp; processing information</li> <li>▪Ability to go from positive to negative &amp; negative to positive</li> </ul>	<ul style="list-style-type: none"> <li>▪Learn about structure outside of the family</li> <li>▪Learn how to get positive reinforcement in healthy ways</li> <li>▪Compete to test abilities</li> <li>▪Reasoning about wants and needs</li> </ul>	<ul style="list-style-type: none"> <li>▪Break family ties &amp; still feel okay with self &amp; family</li> <li>▪Be aware of needs &amp; explore how to get them met</li> </ul>
<b>Discipline</b>	<ul style="list-style-type: none"> <li>▪Reasoning</li> <li>▪Consistency</li> <li>▪Clear expectations</li> <li>▪Learn from mistakes</li> <li>▪Forgive misjudgments without blaming</li> </ul>	<ul style="list-style-type: none"> <li>▪Natural consequences</li> <li>▪Consistent &amp; reasonable rules</li> <li>▪Permit &amp; encourage discussion of values</li> <li>▪Involve child in rule making</li> </ul>	<ul style="list-style-type: none"> <li>▪Set reasonable limits that support independence &amp; interdependence within the family</li> <li>▪Expectations that support with caring</li> <li>▪Allow teen to experience &amp; to be responsible for choices</li> </ul>
<b>Problem Behaviors</b>	<ul style="list-style-type: none"> <li>▪Power struggles to test lovableness</li> <li>▪Refuses to ask for positive interactions</li> <li>▪Hallucinations or delusions created from fantasy &amp; fear</li> <li>▪Separation anxiety</li> <li>▪Over controlling</li> </ul>	<ul style="list-style-type: none"> <li>▪Talking back</li> <li>▪I'll do it my way</li> <li>▪Teasing-testing family rules</li> <li>▪Withdrawn or anti-social behavior</li> <li>▪Exaggerated fears around winning</li> </ul>	<ul style="list-style-type: none"> <li>▪Confusion, non thinking</li> <li>▪Broad mood swings, lethargy</li> <li>▪Dependence on peers, sex</li> <li>▪Sex as a substitute for nurturing</li> <li>▪No inner support system-unaware of how to say yes or no</li> </ul>



<b>Behavioral Areas</b>	<b>Definition</b>
<b>Self-Regulation</b>	Ability/willingness to calm, settle, or adjust to physiological or environmental conditions
<b>Compliance</b>	Ability/willingness to conform to the direction of others and follow rules
<b>Communication</b>	Verbal/nonverbal signals that indicate feelings, affect, internal states
<b>Adaptive</b>	Ability/success in coping with physiological needs
<b>Autonomy</b>	Ability/willingness to establish independence
<b>Affect</b>	Ability/willingness to demonstrate feelings and empathy for others
<b>Interaction with People</b>	Ability/willingness to respond or initiate social responses with caregivers, adults, peers.





# Attachment

- The attachment system is the main organizer of children's responses to danger and safety in the first 5 years of life.  
~Ainsworth



# Major Differences when Assessing Young Children

- *“There is no such thing as a baby, there is only a baby and somebody.”* -Donald Winnicott
- A child must be assessed and treated in the context of its primary relationships.
- Information about presenting problems
- Subjective and objective reports about the quality of the child's significant relationships and living environment.
- Children are integrated wholes not a collection of traits
  - The worse a problem is the more likely it is to affect a range of areas, and to be expressed in a number of ways.



# Trauma

- Traumas are prevalent
- Exposure to trauma may result in behavioral problems or children may suffer in silence
- Parents' emotional availability influences a child's reactions and outcomes
- Exposure to trauma can create long term physical and mental health consequences.
- The most common childhood health risk factor for long term health problems including early death is exposure to traumatic and adverse experiences ([www.cdc.gov/ace](http://www.cdc.gov/ace))



# Adversive Childhood Events

- Emotional, physical or sexual abuse
- Physical or emotional neglect
- **Exposure to domestic or community violence**
- Parents with severe mental illness
- Household member in prison
- **Serious accidents or injury**
- Painful medical procedures
- **Forced separation from parent or primary caregiver**
- **Natural disasters**





# Trauma and Infancy

- Respond to trauma with sensorimotor dysregulation and disrupted biological functions
  - Prolonged crying
  - Unresponsive to soothing
  - Rigidity to restlessness and agitation
  - Lack of appetite or excessive eating
  - Sleep dysregulation
  - Elimination problems
  - Numbing of affect



# Trauma and Toddlers

- Poor verbal skills
- Memory problems
- Excessive temper
- Demand attention
- Regressive behaviors
- Aggression
- Scream or cry excessively
- Startle easily
- Fear adults who remind them of the trauma
- Fear of separation
- Withdrawal
- Poor appetite
- Poor sleep habits
- Nightmares



# Trauma & Preschoolers

- Difficulties in preschool
- Learning problems
- Poor skill development
- Excessive temper
- Demand attention
- Regressions
- Aggression
- Act out in social situations
- Imitate the abusive/traumatic event
- Verbally abusive
- Scream or cry excessively
- Startle easily



# Trauma & Preschoolers

- Unable to trust or make friends
- Blame themselves
- Fearful of adults
- Fear separation
- Anxious/fearful/avoidant
- Withdrawn
- Lack of self confidence
- Stomachaches and head aches
- Poor sleep habits
- Nightmares
- Bedwetting





# Trauma & School-aged Children

- Feelings of persistent concern over their own safety and the safety of others in their school or family.
- Preoccupation with their own actions during the event.
- Experience guilt or shame over what they did or did not do during a traumatic event.
- Constant retelling of the traumatic event
- Feeling overwhelmed by their feelings of fear or sadness
- Developmental tasks compromised
- Sleep disturbances
- Greater difficulties concentrating and learning at school.
- Headaches and stomach aches without obvious cause
- Reckless or aggressive behavior.



# Trauma & Adolescents

- Self-conscious about their emotional responses to the event.
- Feelings of fear, vulnerability, and concern over being labeled “abnormal” or different from their peers
- Withdrawal from family and friends.
- Feelings of shame and guilt about the traumatic event and may express fantasies about revenge and retribution.
- A traumatic event for adolescents may foster a radical shift in the way these children think about the world.
- Increase in self-destructive or accident-prone behaviors.



# Responding to Children After a Traumatic Event

- The involvement of family, physicians, school, and community is critical
- A nurturing and supportive environment helps children cope with adverse situations and contributes to building their resilience
- Adults who are with children need to manage their own feelings
- Turn off the television and radio news programs



# Psychological First Aid

- Contact and Engagement
- Safety and Comfort
- Stabilization
- Information Gathering: Current Needs and Concerns
- Practical Assistance
- Connection with Social Supports
- Information on Coping
- Linkage with Collaborative Systems





# Contact & Engagement

- Goal: To respond to contacts initiated by survivors, or to initiate contacts in a non-intrusive, compassionate and helpful manner.
  - A. Make a connection with a parent or accompanying adult to:
    - 1. Explain your role
    - 2. Seek permission to talk to the child.
  - B. When no adult is present, find one as soon as possible to let them know about your conversation with the child
  - C. Confidentiality



# Safety & Comfort

- Goal: To enhance immediate and ongoing safety, and provide physical and emotional comfort.
- Do things that are active, practical and familiar
- Get current, accurate and up to date information
- Get connected with available practical resources
- Get information about how responders are making the situation safer
- Get connected with others who have shared similar experiences



- Ensure Immediate Physical Safety
  - Make sure children have a safe play to play and that they are adequately supervised.
- Provide Information about Disaster Response Activities and Services
  - What to do next
  - What is being done to help them
  - What is currently known about the event
  - Common stress reactions
  - Self care and ways to cope
  - Use your judgment as to whether and when to give age appropriate information
  - Address immediate needs and concerns to reduce fears
  - Answer pressing questions honestly
  - Use clear and concise age appropriate language
- **Attend to Physical Comfort**
  - **Look for simple ways to make the physical environment more comfortable –soft toys, temperature, lighting, water**





- **Promote Social engagement**
  - Place children near adults or peers who appear relatively calm
  - Try to keep children away from extremely upset people
  - Offer brief explanations to children who have observed extreme reactions in other survivors
  - Encourage social activities such as playing games, reading aloud working together on an art project.
- **Attend to Children Who are Separated from their Parents/caregivers**
  - Ask them for identifying information about their parents
  - Notify the appropriate authorities that the child is alone
  - Provide accurate, easy to understand information





- **Set up a Child-Friendly Space**
  - Quiet, out of the way corner
  - Staffed by caregivers with experience and skill in working with children of all ages
  - Monitor who goes in and out to ensure that a child does not leave with an unauthorized person\
  - Stock with materials for all age ranges such as toys, playing cards, games, balls, paper, crayons, markers, books, safety scissors, tape and glue
  - Calming activities such as Legos, building blocks, play dough, coloring books with calm scenes
  - Invite older children and adolescents to be mentors or role models for the younger children as appropriate such as leading a game or reading a book out loud
  - Set aside time for the adolescents to talk about their concerns and to engage in age appropriate activities like listening to music, playing games, telling stories, making a scrapbook



- **Protect from Additional Traumatic Experiences and Trauma Reminders**
  - Sights, sounds, smells
  - Reporters, media personnel, onlookers, attorneys
  - Monitor and limit children's exposure to the media including television
  - Remind parents to be careful about what they say in front of children including infants and toddlers
- **Help Children Who Have a Missing Family Member**
  - Reassure them and help to keep them safe
  - Work on finding a trusted family member or close adult to be with the child
  - Encourage parents to be honest, but not scary
  - Parents/caregivers should check with children to make sure that they have understood what they are told and ask what questions they have.



- Help Children When a Family Member or Close Friend Has Died
  - Treat the child with dignity, respect and compassion
  - Grief reactions vary from child to child
  - Children may only show their grief for short periods and play or engage in positive activities most of the day
  - Give reassurance that what they are experiencing is understandable and expected
  - Use the deceased person's name or family relationship
  - Let them know that they may continue to experience periods of sadness, loneliness, or anger





# Child and Adolescent Understanding of Death

Varies depending on age and prior experience with death, and is strongly influenced by family, religious and cultural values

- Pre-school children may not understand that death is permanent, and may believe that if they wish it the person will return. They may be concerned about something bad happening to another family member
- School-age children understand the physical reality of death, but it is still not permanent and they may experience feelings of the presence of the person which may or may not be upsetting.
- Adolescents generally understand that death is irreversible. This loss can trigger rage and impulsive decisions along with withdrawal and depression.





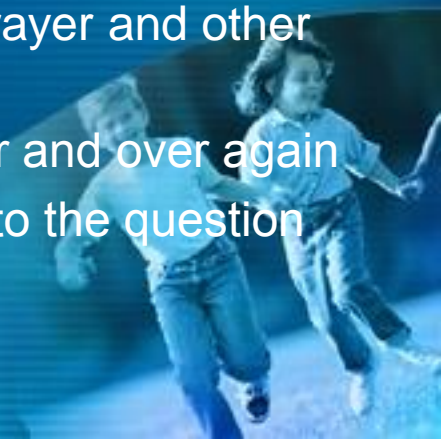
# Death of a Parent/Caregiver Affects Children Differently

- Pre-school Children need consistent care and a predictable daily routine. Easily upset by any kind of change.
- School-age Children loses not only his primary caregiver, but also the person who would normally be there to comfort her. Children may be angry at the substitute caregiver and even lash out
- Adolescents may experience an intense sense of unfairness and protest over the death. They may have to take on greater responsibilities within the family and resent not being able to have more independence or do things that adolescents normally do.



# Things To Do and Say to Children and Adolescents

- Assure them that they are loved and will be cared for
- Watch for signs that the child may be ready to talk about what happened
- Do not make the child feel guilty or embarrassed about wanting or not wanting to talk
- Do not push children to talk, but on the other hand listen carefully when they start to talk
- Give short, simple, honest, and age appropriate answers to their questions
- Reassure them that they did not cause the death, that it was not their fault and that it was not a punishment for anything that anyone did “wrong”
- Answer questions honestly about funerals, burial, prayer and other rituals
- Be prepared to respond to the child’s questions over and over again
- Do not be afraid to say you don’t know and answer to the question



## Attend to Grief and Spiritual Issues

- Ask, “Do you have any religious or spiritual needs at this time or someone you want to talk to?”  
Do not contradict or correct what the child says about her religious beliefs
- Do not try to answer religious questions
- Children may want to pray
- A child may voice hope for a miracle, it is his way of coping
- A child or adolescent may be angry with God, do not judge or argue
- Let the child/adolescent talk about his feelings while you listen, listen, listen.





# Stabilization

- Goal : To calm and orient emotionally overwhelmed survivors.
- Observe the child and his/her behaviors
- If the child is with parents/caregivers:
  - briefly make sure that the adult is stable.
  - Focus on empowering the parents in the role of calming their children.
  - Do not take over for the parents.
  - Avoid making comments that may undermine the parent.





- If the child/adolescent is separated from parents or the parents are not coping well:
  - Respect the child's privacy and give her a few minutes before you intervene.
  - Remain calm, quiet, and present.
  - Stand close by as you do other tasks
  - Offer support and help her focus on specific manageable feelings, thought, and goals
  - Give information that orients the child to her surroundings



# **Orient Emotionally Overwhelmed Children and Adolescents**

- After bad things happen, your body may have strong feelings that come and go like waves in the ocean. When you feel really bad that's a good time to talk to your mom/dad/Aunt Mary
- Even adults need help at times like this.
- Many adults are working together to help with what happened, and to help people recover.
- Staying busy can help you deal with you feelings and start to make things better.
- Caution adolescents to discuss doing something risky or impulsive with a parent or trusted adult.



# Grounding Exercise



# Information Gathering: Needs & Current Concerns

- Always make sure the parent/caregiver/trusted adult is there to support the child and only ask about information that is pertinent to the child in front of the child such as:
- How afraid they are
- Has someone close to them been hurt or die
- Separation from or concern about loved ones
- Any physical or medical needs such as diabetes
- Loss of school, home or pets
- Extreme feelings of guilt or shame
- Thoughts about harm to self or others
- Availability of social support
- Prior exposure to trauma and or death of a love one
- Interference with upcoming special events and important developmental activites such as birthdays, graduation





# Practical Assistance

- Goal: To offer practical help to children/adolescents in addressing immediate needs and concerns.
  1. Identify the most immediate need
  2. Clarify the need
  3. Discuss an action plan
  4. Act to address the need



# Connection with Social Supports

- Goal: To help establish brief or ongoing contacts with primary support persons and other sources of support, including family members, friends, and community helping resources.
- *Emotional Support*
- *Social Connections*
- *Feeling Needed*
- *Reassurance of Self-Worth*
- *Reliable Support*
- *Advice and Information*
- *Physical Assistance*
- *Material Assistance*



# Ideas of paper and pencil activities

- Tic-tac-toe
- Folding “fortune tellers”
- Making paper balls and tossing them into an empty waste basket
- Air hockey
- Group drawing
- Scribble game
- Making a paper doll chain or a circle chain



# Special Considerations for Children and Adolescents

- Problem solve ways with children and adolescents about how they can ask for help such as:
- Talk with your parents/caregivers/. Other trusted adult about how you are feeling so that they can better understand how and when to help you
- Do enjoyable activities with other children
- Spend time with younger brothers or sisters. Help them calm down, play with them, keep them company
- Help with cleaning, repairs or other chores to help your family or community
- Share things with others, including activities and toys





# Model Support

- *Reflective comments*
  - It sounds like you are saying...
- *Clarifying comments*
  - Am I right when I say that you...
- *Supportive comments*
  - No wonder you feel...
  - It sounds really hard...
- *Empowering comments and questions*
  - What have you done in the past to make yourself feel better when things got difficult?



# Information on Coping

- Goal: To provide information about stress reactions and coping to reduce distress and promote adaptive functioning.
- Children vary in their capacity to make connections between events and emotions.
  - Don't ask children directly to describe their emotions. Instead ask them to tell you about physical sensations, such as "How do you feel inside?"
  - If they are able to talk about emotions, it is helpful to suggest different feeling and ask them to pick one.
  - You can draw an outline of a person or ask the child to draw a person and use this to help the child talk about physical sensations
  - You can use feeling face pictures to have a child choose how they feel if they are able to identify emotions.



## **Adaptive Coping Actions: Help the Child/Adolescent Choose Some Actions that would be Helpful**

- Getting enough sleep
- Eating nutritious meals
- Exercise
- Playing
- Drawing or coloring
- Writing in a journal or notebook
- Singing
- Dancing
- Talking to a trusted adult



## **Maladaptive Coping Activities: Have the Child/Adolescent Identify Some Actions that would Not Be Helpful**

- Withdrawing from activities
- Withdrawing from friends and family
- Using alcohol or drugs
- Violent actions
- Excessive blame
- Over or under eating
- Doing risky or dangerous things





# Simple Relaxation Techniques



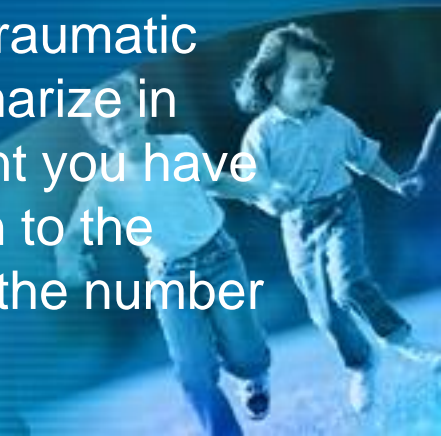
## Coping for Families

- Re-establish family routines
- Encourage family members to be understanding, patient, and tolerant of differences in their reactions
- Help adolescents understand the increase in their caregivers' protective behaviors
- Assist with developmental issues
  - Postpone to a later date
  - Relocate to a different place
  - Change expectations so that the postponement is tolerable
- Assist with anger management
- Address highly negative emotions such as guilt and shame
- Help with sleep problems
  - Temporary changes in sleeping arrangements are okay



# Linkage with Collaborative Services

- Goal: To link survivors with available services needed at the time or in the future.
- Always consult with the parent/caregiver and get their permission to make a referral
  - Recommend that any follow-up services for the family include at least a brief evaluation of child and adolescent adjustment
  - Make your interactions with children and adolescents positive and supportive to help them develop a positive attitude towards future care providers
  - Telling and retelling information related to traumatic events may be especially difficult, so summarize in writing the basic information about the event you have gathered and communicate this information to the receiving professional in order to minimize the number of times they have to retell their story.



## Possible Reasons for Needed Services

- Acute medical problem
- Acute mental health problem
- Worsening of a pre-existing condition
- Threat of harm to self or others
- Concerns related to the use of drugs or alcohol
- Domestic violence or child abuse situations
- Medication needed for stabilization
- Religious counseling requested
- Ongoing difficulties with coping (4 or more weeks after the disaster)
- Significant developmental concerns
- When a parent/caregiver asks for a referral





## Possible Needed Services:

- Mental health services
- Medical services
- Social support services
- Child welfare service
- Schools
- Drug and alcohol support groups/services
- Religious services



# **Psychological First Aid**

**Field Operations Guide 2<sup>nd</sup> Edition**

**National Child Traumatic Stress Network –  
National Center for PTSD**

- [http://www.nctsnet.org/sites/default/files/pfa/english/1-psyfirstaid\\_final\\_complete\\_manual.pdf](http://www.nctsnet.org/sites/default/files/pfa/english/1-psyfirstaid_final_complete_manual.pdf)









